

Foresters Segregated Funds Transfer

Foresters Financial

CLEAR FORM

RSP - RIF & LIRA - LIF/LRIF

CI Policy Number							
l. Transfer of Existing CI Pla	n						
☐ Transfer existing RSP Policy to a RIF Policy ☐ Transfer existing Locked-In RSP Policy to a LIF/LRIF Policy		Transfer existing LIRA Policy to a LIF PolicyTransfer existing LIRA Policy to a LRIF Policy					
2. Owner Information							
Salutation: Mr. Mrs.	☐ Ms. ☐ Miss ☐ Dr.						
Surname	First Name	Date of Birth (YYYY/I	Date of Birth (YYYY/MM/DD)		Social Insurance Number		
3. Distributor Information							
Distributor Name	Representative Name	Distributor Number	Representative	Number	Telephone Num	ber	
4. Plan Payment Details (Th	e payment date may be between th	ne 1st and 25th of any mo	nth)				
Please accept this authorization to surrender sufficient units to provide the fol (please choose only one):		following payment	Fund Name		Amount		
The minimum annual gross (Payments will begin in th	initial investment)		\$	or	%		
☐ The maximum annual gross	,		\$	or	%		
An annual amount of \$	d withholding taxes		\$	or	%		
F	requency: Monthly Qu	uarterly		\$	or	%	
Start Date (YYYY/MM/DD)	·	nnually		\$	or	%	
n	If no date is specified, CI will pay out ninimum during the month of December inits proportionately across all Funds.)			\$	or	%	
Lalact the minimum annual amo	ount to be based on:	or \ \ \Aga of m	, cnousa				
Election of spouse as annuitar		OIAge of my	spouse				
•	received applicable for Elf/Ekir) payment continue to my spouse named be	elow if he or she survives me a	nd is my spouse on	the date of n	nv death.		
,	, , -, , -, -, -, -, -, -, -, -, -, -, -		,		.,		
Full Name of Spouse		Date of Birth (YYYY/I	Date of Birth (YYYY/MM/DD) Social Insurance Number				
5. Banking Details							
Bank Number	Transit Number	Account Number					
Name of Financial Institution					CONTRACTOR SOM		
Address		Cheque Number Transit (E	Branch) Financial II	nstitution F	Destination and		
		Num			ccount Number		

b. Lif information						
Do you have a spouse within the meaning of the applicable pension legislation?						
If you have a spouse within the meaning of the applicable pension legislation, then the spousal consent/waiver form noted to on the reverse side of this er form must be fully completed and accompany this Application.						
7. Request for Registration and Declaration of Owner/Annuitant						
irm that all other terms and conditions of the policy will remain the same, including the beneficiary designation. I request that Foresters Life Insurance any convert the Contract to, and register the Contract as, a Retirement Income Fund (RIF) or Life Income Fund (LIF), as applicable, under the provisions Income Tax Act (Canada) and, if applicable, under any provincial pension legislation. I understand that the Contract will be subject to the provisions of cts. I declare that I am the owner of the Contract. I understand that as a consequence of registering the Contract as a RIF or a LIF, the Contract provides in income will become payable thereunder, commencing not later than the last day of the first calendar year following the calendar year in which the rsion to a RIF or LIF, as applicable, becomes effective.						
X Signature of Owner Signature of Spouse (if applicable)						

8. Spousal Consent/Waiver Form

If the plan being applied for is a LIF or a LRIF, and the Owner has a spouse as defined by applicable pension legislation, then the appropriate form below may be completed. No form is necessary for other provinces or for federally governed plans.

Province That Governs the Plan	Name of Form	Form Type
British Columbia	Spouse's Consent	Form 3 (original)
Alberta	Spouse's Waiver	Form 1 (copy)
Saskatchewan	Spouse's Waiver	Form 1, from LIRA (copy) Form 2, from Pension Plan (copy)
Manitoba	Spouse's Waiver	Form 5 (copy)
Ontario	Spouse's Consent	Spousal Consent (original)
New Brunswick	Spouse's Waiver	Form 5 (copy)
Nova Scotia	Spouse's Consent	Form 4 (original)
Newfoundland	Spouse's Waiver	Form 3 (original)

Use of Personal Information Notice

CI Investments Inc. doing business under the registered business name of CI Global Asset Management ("CI GAM", "we", "our", "us") requires personal information to administer and provide services associated with your account ("Account Services"). We use the personal information collected on this form to provide the products and services you have requested, improve our products and services, and fulfill our legal and regulatory obligations. Additional privacy terms apply to use of our online services and certain other services. We are not responsible for Third Party Providers such as your financial advisor and their dealership, who process personal information in accordance with their own terms. We share your personal information with CI Financial company affiliates and their subsidiaries where necessary to administer and service your account. You have the right to request access to or correction of, or withdraw your consent to the processing of, your personal information. For more information, including with respect to our use of service providers outside of Canada or your province of residence, please contact our Privacy Officer or see the CI GAM Privacy Policy at www.cifinancial.com/ci-gam/ca/en/legal/privacy.html.

Foresters Life Insurance Company has entered into an agreement with CI Investments pursuant to which CI is responsible for certain marketing and administrative services in relation to the CI Segregated Funds. Foresters Life Insurance Company established the individual variable annuity contract providing for investment in the CI Segregated Funds. A description of the key features of the applicable individual variable annuity contract is contained in the CI Segregated Information Folder. Subject to any applicable death and maturity guarantees, any part of the premium or other amount that is allocated to a ci segregated fund is invested at the risk of the contract holder and may increase or decrease in value according to fluctuations in the market value of the assets of the relevantCI Segregated Fund.

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